Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility Suggested Classification:: Suggested Group Art Unit:: 3731 CD-ROM or CD-R?:: None Title Line One:: METHODS AND APPARATUS FOR Title Line Two:: DISTAL PROTECTION DURING Title Line Three:: A MEDICAL PROCEDURE Attorney Docket Number:: JM-020 CON Request for Early Publication:: No Request for Non-Publication:: No Suggested Drawing Figure:: 1A Total Drawing Sheets::

No

No

Applicant Information

Secrecy Order in Parent Appl.?::

Small Entity::

Applicant Authority Type:: Inventor Primary Citizenship Country:: Denmark Status:: Full Capacity Given Name: Ιb Middle Name:: Erling Family Name:: Joergensen Name Suffix:: City of Residence:: Haigerloch State or Province of Residence:: Country of Residence:: Germany Street of Mailing Address: Meinradstrasse 67 City of Mailing Address:: Haigerloch State or Province of Mailing Address:: Country of Mailing Address:: Germany Postal or Zip Code of Mailing Address:: D-72401 Applicant Authority Type:: Inventor Primary Citizenship Country:: Germany Status:: Full Capacity Given Name:: Gerd Middle Name:: Family Name:: Seibold Name Suffix:: City of Residence:: Ammerbuch State or Province of Residence:: Country of Residence:: Germany

Street of Mailing Address: Achalmstrasse 9 City of Mailing Address:: Ammerbuch State or Province of Mailing Address:: Country of Mailing Address:: Germany Postal or Zip Code of Mailing Address:: D-72118 Applicant Authority Type:: Inventor Primary Citizenship Country:: German Status:: Full Capacity Given Name:: Bodo Middle Name:: Stefan Josef Family Name:: Ouint Name Suffix:: City of Residence:: Rottenburg State or Province of Residence:: Country of Residence:: Germany Street of Mailing Address: Beim Betzenbrunnen 12 City of Mailing Address:: Rottenburg State or Province of Mailing Address:: Country of Mailing Address:: Germany Postal or Zip Code of Mailing Address:: D-72108 Applicant Authority Type:: Inventor Primary Citizenship Country:: US Status:: Full Capacity Given Name:: Kenneth Middle Name:: J. Family Name:: Michlitsch Name Suffix:: City of Residence:: Livermore State or Province of Residence:: CA Country of Residence:: US Street of Mailing Address: 4613 Pamela Commons City of Mailing Address:: Livermore State or Province of Mailing Address:: CA Country of Mailing Address:: US Postal or Zip Code of Mailing Address:: 94550 Applicant Authority Type:: Inventor Primary Citizenship Country:: Germany Status:: Full Capacity Given Name:: Martina Middle Name:: Family Name:: Bremser Name Suffix:: City of Residence:: Rottenburg State or Province of Residence::

Germany

Rottenburg

Rotes Meer Strasse 10

Country of Residence::

Street of Mailing Address:

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-72108
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Randolf

Middle Name::

Family Name:: Von Oepen

Name Suffix::

City of Residence:: Tuebingen

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address: Gartenstrasse 42

City of Mailing Address:: Tuebingen

State or Province of Mailing Address::

Country of Mailing Address:: Germany Postal or Zip Code of Mailing Address:: D-72074

Correspondence Information

Correspondence Customer Number:: 35023

Phone Number:: 858.720.6320 Fax Number:: 858.523.4326

Representative Information

| Representative | Registration Number:: Representative Nam | |
|----------------|--|-------------------|
| Designation:: | | |
| Primary | 34,408 | Nicola A. Pisano |
| Associate | 32,967 | Mitchell P. Brook |
| Associate | 42,651 | David E. Heisey |

Domestic Priority Information

| Application:: | Continuity | Parent | Parent Filing |
|------------------|-----------------|---------------|---------------|
| | Type:: | Application:: | Date:: |
| This application | Continuation of | 09/957,482 | September 19, |
| <u> </u> | | | 2001 |

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address:

Postal or Zip Code of Mailing Address:: D-72414

Jomed GmbH

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